

The U.S. President's Emergency Plan for AIDS Relief

Seventh Annual Report to Congress



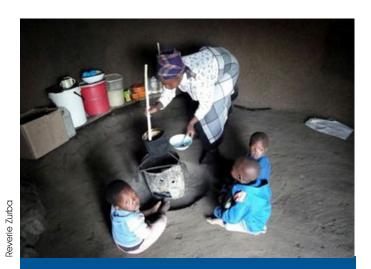
Introduction

From the day it was first announced eight years ago, the story of PEPFAR - the President's Emergency Plan for AIDS Relief – has demonstrated the remarkable generosity of the American people. Congress' continuing bipartisan support for PEPFAR, and President Barack Obama's continuing stewardship of the program originally launched by President George W. Bush, have shown the world that this is a vital, durable element of our foreign policy.

2010 was a crucial chapter in the global response, providing many reasons for hope about the future. As has been true throughout the past decade, the commitment of the American people was central to virtually all of the year's breakthroughs. In the following text, hyperlinks to key documents are provided to facilitate access to additional information. Additional data can be found at www.pepfar. gov/progress/.

Saving Lives

Numbers are not the whole story of PEPFAR, but when those numbers represent children, women and men whose lives are being saved, they are critical. The people implementing PEPFAR in the field continued to expand life-saving programs this year, as shown by 2010 program



In Lesotho, the PEPFAR-supported Horse Riding for Health program engages local pony riders - selected with input from the community - to transport blood tests, drugs, and supplies between remote mountain health clinics and betterequipped hospitals at sea level. The transport system allows people to receive HIV test results sooner and ensures an uninterrupted supply of medicines. Maamohelang Hlaha, a beneficiary of the program, is pictured inside her home with three of her children. Maamohelang and her husband are HIV-positive, but their four surviving children are HIV-free.



Community counselor Clémence Kouassi Amenan gives Naminata, who is HIV-positive, medication at a health center in Marandallah, Côte d'Ivoire. Through PEPFAR support, the health center provides high-quality HIV/AIDS care, including routine testing for children and partners of HIV patients and attentive, caring follow-up for pediatric patients. The health center is part of broader efforts to support Côte d'Ivoire in scaling up HIV services for children across the country.

results (http://blogs.state.gov/index.php/site/entry/world_ aids_day_2010). At the end of the fiscal year, PEPFAR supported over 3.2 million people on treatment through bilateral programs, an increase of more than 700,000 over the previous year. PEPFAR and the U.S.-supported Global Fund to Fight AIDS, Tuberculosis and Malaria continue to be the leading engines of the dramatic increase in availability of treatment. UNAIDS estimated that at least 5.2 million people in low- and middle-income countries were receiving treatment by late 2010.

Reflecting a top priority, PEPFAR programs provided more than 600,000 pregnant women with drugs to prevent mother-to-child transmission of HIV (PMTCT). As a result, it is estimated that over 114,000 babies were born free of HIV in 2010 - representing continued sharp acceleration of PMTCT efforts relative to earlier years. PEPFAR also provided care and support for over 11 million people in FY 2010, including approximately 3.8 million orphans and vulnerable children.

When one reflects that each of the numbers represents a real person -- with a story, a family, a community -- the impact of this work is too vast to comprehend through numbers alone. The stories of program clients in the field provide a window into the human impact of America's effort. There continue to be many more people in need of support, and with them in mind, PEPFAR will push



With PEPFAR support, Guyana's Ministry of Health has transformed its supply chain to become more effective and efficient in saving lives. Recently, PEPFAR worked with local leaders to construct a modern warehouse facility for the storage of necessary medications. The storage facility is the first of its kind in the Caribbean and will improve the way major hospitals and health centers manage life-saving medication for patients.

on toward the ambitious goals in our Five-Year Strategy (www.pepfar.gov/strategy/) and expand the numbers reached in the coming year.

Smart Investments

One encouraging aspect of these life-saving results is that they were achieved despite the difficult economic environment. A key element has been a heightened commitment to smart investments (http://blogs.state.gov/index. php/site/entry/saving_lives_smart_investments) - that is, stretching each dollar as far as we can to save as many lives as we can. Key examples include cheaper ways of procuring and shipping drugs, as well as increasing use of generic drugs, as described in a recent paper in the Journal of the American Medical Association (www. pepfar.gov/press/releases/2010/144808.htm). PEPFAR also conducted a 'State of the Program Area' review as part of its ongoing efforts to identify best practices across all activities. In July, the program reported on antiretroviral treatment costs (http://www.pepfar.gov/documents/organization/144993.pdf), based on groundbreaking studies of PEPFAR-supported treatment sites across 12 countries. This data, indicating an estimated mean cost to PEPFAR of \$436 for each patient supported, provides a baseline for efforts to identify treatment efficiencies. PEPFAR will continue to make it a priority to expand efficiencies and heighten impact in every program area in 2011.

Smart investments in effective prevention are essential, and this year brought much encouraging news. UNAIDS reported significant declines in new HIV infections in over 30 countries, including 22 in Africa - a remarkable turnaround from the trends of a few years ago. As part of its 'combination prevention' approach, PEPFAR is seeing the payoff from heavy investments in high-impact prevention activities tailored to the needs of specific countries, with PMTCT a key example. Also critical is support for male circumcision, with the promise of significant infections averted and cost savings (http://malecircumcision.org/ research/policy_briefs.htm). In 2010, PEPFAR heightened its focus on most-at-risk populations, supporting efforts to meet the HIV needs of vulnerable populations such as sex workers, men who have sex with men, and injecting drug users, for whom the program supports a comprehensive prevention approach. PEPFAR also strengthened efforts to rigorously evaluate the impact of prevention activities, in order to target investments to save more lives.

Looking to the future, 2010 offered new hope of adding much-needed new tools to the global prevention toolkit. Especially encouraging were proof of concept of a woman-controlled microbicide (www.pepfar.gov/press/ releases/2010/144861.htm), based on a study funded by PEPFAR through USAID, and highly positive research findings on pre-exposure prophylaxis (http://www.pep-



Kunthea, a peer leader with Cambodia Family Development Services, works with women to promote sexual health and education. A former sex worker, Kunthea hopes to become a leader on women's issues in Cambodia and continue helping others through her work as an outreach worker. Through PEPFAR support, Cambodia is increasing its ability to reach at risk populations and empower women to take control of their HIV status and health.

far.gov/press/releases/2010/151852.htm), funded by the National Institutes of Health. As it previously did with male circumcision, in 2011 PEPFAR will continue to aggressively pursue formative work that prepares for implementation of these new tools as they become available, based upon scientific and regulatory guidance.

Across all programs, PEPFAR recognizes that gender inequalities fuel the spread of HIV. Gender-based violence (GBV), in particular, limits women's ability to negotiate sexual practices, disclose HIV status, and access medical services and counseling. In 2010 PEPFAR intensified its focus on GBV with a \$30 million commitment that builds on PEPFAR platforms in all countries, with a particular focus on Mozambique, Tanzania, and the Democratic Republic of Congo - and with strong governmental and civil society engagement in all three countries. As part of its strong and growing portfolio of innovative partnerships with the private sector, PEPFAR also joined the Together for Girls public-private partnership (www.state. gov/r/pa/prs/ps/2010/09/147601.htm) to work with countries to inform and implement a coordinated approach to policy and programs for ending sexual violence against girls.

Country Ownership

An area of striking progress in 2010 has been movement toward country ownership, with developing countries taking the lead in responding to HIV/AIDS, while the



On World AIDS Day 2010, PEPFAR supported a live Ugandan quiz show called "Everybody Wins!" to engage youth about HIV, malaria, nutrition, medical male circumcision, and other health topics in a fun way. The event drew over 6,000 participants and helped test hundreds of people for HIV. PEPFAR Uganda also hosted a U.S. Mission tent to display information about U.S.-supported efforts in Uganda.



As part of its new initiative to combat gender-based violence in priority countries, PEPFAR is scaling up its gender-based violence response beginning with the Democratic Republic of the Congo, Mozambique, and Tanzania. The intent is to scale up small pilot projects for preventing and responding to gender-based violence into coordinated, integrated, and sustainable programs.

U.S. and other external partners play key supportive roles. PEPFAR used every opportunity to promote the centrality of country ownership, including both governments and civil society. PEPFAR country teams initiated processes to assess and support countries, across many sectors and functions, in defining their needs for health systems capacity development and targeted technical support. For governments, key areas of focus included surveillance, planning, analysis, management, and budgeting, at key national ministries as well as other levels of government.

To address one central facet of the multifaceted health systems challenge - severe shortages of well-trained health workers -- PEPFAR and NIH teamed up to launch Medical and Nursing Education Partnership Initiatives (http://www.fic.nih.gov/news/press_releases/2010-mepi. htm). Fostering partnerships between African and other universities to enhance the quality of training of health professionals and increase the numbers trained, these initiatives will be a key part of wide-ranging U.S. support for health systems in 2011 and beyond.

Through Partnership Frameworks, PEPFAR and partner governments have documented mutual commitments for the next five years, promoting accountability. 21 Partnership Frameworks (www.pepfar.gov/frameworks/) have been signed to date, with still more to follow in 2011. Our deepening partnership with South Africa – the nation with the largest number of people living with HIV in the world - deserves special note. Turning a decisive page, the South African Government has assumed increasing leadership, including a dramatically heightened financial contribution to HIV/AIDS. PEPFAR has been privileged to play a key role in this transformation, as reflected in the December signing of a South Africa Partnership Framework (www.pepfar.gov/press/blogs/2010/153105. htm) to guide our joint efforts. Secretary of State Hillary Rodham Clinton personally signed the document, as she did earlier Frameworks with Angola and Vietnam, signaling commitment to country ownership as part of U.S. foreign policy at the highest level. The U.S. also signed regional Frameworks for the Caribbean and Central America, spurring increased collaboration among the nations in those regions, with technical support from the U.S. In other key nations, PEPFAR increased its commitment to hard-hit Zimbabwe, and implemented a plan to overcome obstacles in order to expand treatment in Uganda (http://blogs.state.gov/index.php/site/entry/ update_pepfar_uganda).



Secretary of State Hillary Rodham Clinton signs the PEPFAR Partnership Framework Agreement with South African Minister Maite Nkoana-Mashabane in the Treaty Room at the State Department. The Partnership Framework provides a five-year joint strategic plan of cooperation between South Africa and the U.S., with participation by other stakeholders in country. The Framework supports the goals of South Africa's national strategy to fight HIV/AIDS, while also contributing to PEPFAR's global goals of prevention, care, and treatment by emphasizing sustainability, local expertise, coordination and accountability in the fight against AIDS. In 2010 alone, PEPFAR funds supported treatment for nearly 920,000 adults and children in South Africa, while more than five million South Africans have been tested for HIV and received HIV counseling with U.S. support.



Through PEPFAR support, the Leadership Development Program in Ethiopia launched a mobile health clinic to reach rural people with HIV counseling and testing services. The mobile clinic also reflects increased efforts to integrate services, including the uptake of ART and enrollment of the number of women in PMTCT programs by using HIV counseling and testing services as a platform for more holistic care. With PEPFAR support, the Leadership Development Program has increased the number of clients engaged in voluntary counseling and testing from 7,000 to over 25,200 in the course of a year.

Shared Responsibility

In addition to the contributions of the U.S. and partner nations, a truly global response requires commitment by other developed nations and the private sector. The Global Fund is a critical vehicle for all to heighten their commitment to the fight, as the U.S. has done over the past decade. In 2010, the U.S. made its first-ever multi-year pledge (http://blogs.state.gov/index.php/site/ entry/us_pledge_global_fund) of \$4 billion to the Fund, and we hope this strong support for the Fund's work will generate increased commitments by others. Equally as important, we issued a Call to Action (www.pepfar.gov/ press/2010/148639.htm), launching a process to improve the Fund's operations, especially at the country level. This statement was greeted by widespread positive reaction and the Board's creation of a Reform Working Group, and pushing this agenda forward is a top priority for 2011. While the U.S. holds only one vote on the Fund's Board, it is promoting reform on the Working Group as well through its leadership of the Board's Portfolio and Implementation Committee. Simply put, the world needs a highly effective, efficient Global Fund.

The U.S. has promoted the theme of shared global responsibility in its dialogues with other international



In 2010, PEPFAR supported an interactive theatre project aimed at reducing the stigma associated with HIV in Vietnam. The production invites audience members to help address the stigmatization of people living with HIV/AIDS. The project is part of larger efforts in Vietnam to overcome discrimination against HIV-positive people, who face barriers to education, employment, healthcare, and social support.

partners. Through deepened participation in global fora in 2010 (including the United Nations General Assembly meeting on the Millennium Development Goals and the International AIDS Conference in Vienna), the U.S. has used its opportunities to leverage more engagement by others. PEPFAR is working with partners throughout the government to ensure that this message is featured prominently at the 2012 International AIDS Conference in Washington.

Broader Context of Health and Development

Like all others engaged in this work, PEPFAR has encountered the reality that HIV/AIDS is linked to the wide range of health and development challenges in hard-hit countries. In December, Secretary Clinton issued the inaugural Quadrennial Diplomacy and Development Review (http://blogs.state.gov/index.php/site/entry/ QDDR_global_health_successes), which recognizes development as one of the three pillars of U.S. foreign policy, along with diplomacy and defense. The QDDR strongly affirmed PEPFAR's mission and interagency model led by the Department of State, and built on President Obama's Presidential Policy Directive on Global Development (www.whitehouse.gov/the-press-office/2010/09/22/factsheet-us-global-development-policy) and Global Health Initiative (http://blogs.state.gov/index.php/site/entry/ghi_ pepfar), of which PEPFAR is the largest component. All of these reflect a vision of better integrated and linked U.S. development investments -- an emphasis that is

great news for PEPFAR, because our implementers have long known that people affected by HIV face a range of broader health and development challenges, and have seen the opportunities to ensure that our other programs are meeting their needs. Creating further opportunities, the health systems platforms established under PEPFAR have much to contribute in meeting the broader health and development challenges of partner nations.

Knowledge and Program Management

After seven years of implementation, PEPFAR is generating a growing body of data and lessons learned, and is redoubling its efforts to apply and disseminate these. In 2010, PEPFAR reformed its Public Health Evaluation process to better allow for both U.S. Government- and externally-generated studies that will provide timely operations research on urgent questions, and instituted a Scientific Advisory Board to ensure that programs reflect the latest science. In response to a mandate in the U.S. National AIDS Strategy, PEPFAR reported on best practices from its programs that may have relevance to the U.S. domestic response. It also implemented its Next Generation Indicators, strengthening program monitoring and evaluation, and began merging PEPFAR's report-



Ambassador Eric Goosby, U.S. Global AIDS Coordinator (right), talks with Dr. Jean Pape (center) of GHESKIO and a colleague in Haiti to discuss plans to provide needed medical services through the PEPFAR infrastructure. Following the earthquake in January 2010, PEPFAR immediately mobilized its 149 prevention, treatment, and care sites to provide not only HIV/AIDS services, but other health and support services as well. More recently, PEPFAR-supported sites have played a leading role in responding to the cholera epidemic. In partnership with the Haitian Ministry of Public Health and Population, partners and facilities supported by PEPFAR have mobilized to provide cholera treatment, healthcare worker education, and commodities and logistics.

ing system with the FACTS Info system used by other State Department and USAID foreign assistance programs to simplify reporting for the field. In response to requests from field staff, PEPFAR moved to a two-year planning cycle, allowing staff more time to engage with programs. As part of strengthening program management, PEPFAR launched an initiative to understand and clear unobligated balances, and to streamline interagency budget execution processes to speed the availability for programs. As noted in testimony before Congress on PEPFAR's progress in March (www.pepfar.gov/press/ remarks/2010/138916.htm) and September (www.pepfar. gov/press/remarks/2010/148320.htm), the driving force behind these efforts in 2010 was a desire to maximize the life-saving impact of each dollar entrusted to PEPFAR by Congress and the American people, and PEPFAR will maintain this focus on the people we serve in 2011 and beyond.

Prevention: Direct FY2010 Prevention of Mother-to-Child Transmission Program Results Number of pregnant women Number of HIV+ with known HIV status **Estimated infant** pregnant women Countries (includes women who **HIV** infections receiving ARV were tested for HIV averted² prophylaxis and received their results)1 72,000 900 Angola 171 Botswana³ 0 0 0 99,800 300 Cambodia 57 19 64,700 100 China Côte d'Ivoire 345,700 11,000 2,090 Democratic Republic of the Congo 126,700 1,300 247 Dominican Republic 38,300 200 38 Ethiopia 590,000 10,500 1,995 Ghana^{3,4} 0 NA NA Guyana 9,700 100 19 Haiti 131,800 1,100 209 India 194,100 700 133 Indonesia4 NA NA NA 1,177,400 70,400 13,376 Kenya Lesotho 28,100 5,600 1,064 Malawi 184,000 20,900 3,971 Mozambique 520,600 40,200 7,638 54,700 5,600 1,064 Namibia Nigeria 673,800 28,200 5,358 Russia⁴ 22 NA NA Rwanda 131,800 4,200 798 South Africa 682,400 207,100 39,349 Sudan 9,000 300 57 Swaziland 20,700 7,600 1,444 Tanzania 1,374,700 58,800 11,172 Thailand4 NA NA NA 33,100 6,289 Uganda 758,600 Ukraine4 NA NA NA Vietnam 403,500 1,200 228 Zambia 477,300 66,400 12,616 Zimbabwe 215,600 26,700 5,073 **Regions** Caribbean Regional⁴ NA NA NA Central America NA NA NA Central Asia4 NA NA NA

Numbers may be adjusted as attribution criteria and reporting systems are refined. All numbers greater than 100 have been rounded off to the nearest 100.

602,500

8,385,022

114,475

¹ This is a revised indicator for FY2010. This indicator has two components: 1) the number of women with known positive HIV infection attending an ANC for a new pregnancy over the last reporting period; and 2) the number of women attending ANC, Labor and Delivery sites who were tested for HIV and received results (which is also captured under the testing and counseling The previous PMTCT indicator: "the number of pregnant women receiving PMTCT services" included only women who were counseled and tested and received their test results. For further information, refer to Indicator P1.1.D in the PEPFAR Next Generation Indicator Guidance on http://www.pepfar.gov/guidance/index.htm.

²The estimated number of infant HIV infections averted is calculated by multiplying the total number of HIV+ pregnant women receiving ARV prophylaxis by 19 percent, to represent regimen effectiveness. This is an approximation of infections averted using a single-dose nevirapine regimen, which is expected to reduce HIV transmission from about 35% to approximately 16 percent. However, this is likely a significant underestimate. Many countries are beginning to use more effective drug regimens for some of their PMTCT participants as per 2006 and 2010 WHO guidelines but countries do not yet report regimen-specific data. As a result the 19 percent estimation methodology is used to be conservative. Starting in FY 2011 PEPFAR PMTCT country programs will be reporting PMTCT ARV uptake by regimen (ART for treatment, AZT + NVP, triple drug prophylaxis), allowing us to develop better estimates for infant infections averted based on the specific regimens received by the woman

[&]quot;0" refers to countries that did not directly support PMTCT programs.

[&]quot;NA" refers to countries or regions where USG did not support PMTCT or PMTCT ARV prophylaxis programs.

Prevention: Direct FY2010 Testing and Counseling Results

Countries	Number of individuals ¹
Angola	114,100
Botswana	145,900
Cambodia	183,200
China	143,400
Côte d'Ivoire	836,700
Democratic Republic of the Congo	243,700
Dominican Republic	65,100
Ethiopia	6,177,500
Ghana	35,000
Guyana	45,300
Haiti	418,200
India	491,800
Indonesia	48,500
Kenya	5,478,100
Lesotho	77,100
Malawi	648,000
Mozambique	1,250,800
Namibia	228,300
Nigeria	1,157,300
Russia	6,100
Rwanda	1,079,100
South Africa	5,034,200
Sudan	62,000
Swaziland	123,800
Tanzania	2,664,300
Thailand	3,500
Uganda	2,992,400
Ukraine	43,300
Vietnam	624,600
Zambia	1,877,800
Zimbabwe	571,300
Regions	
Caribbean Regional	4,200
Central America ²	NA
Central Asia ²	NA
Total	32,874,600

Numbers may be adjusted as attribution criteria and reporting systems are refined. All numbers greater than 100 have been rounded off to the nearest 100.

- ¹This is a revised indicator for FY2010. This indicator includes individuals who received testing and counseling services for HIV and received their test results from any service delivery point during the 12 months. Service delivery points include fixed health care facilities such as: hospitals, public and private clinics, VCT, ANC, L&D, PMTCT, or TB sites; standalone sites such as free-standing sites not associated with medical institutions; and mobile testing such as HIV T&C services offered in a specific location for a limited period of time, e.g. outreach, door-to-door services and workplace testing programs. Individuals include TB patients, pregnant women, men receiving circumcision, and infants. For further information, refer to Indicator P11.1.D in the PEPFAR Next Generation Indicator Guidance on http://www pepfar.gov/guidance/index.htm.
- ² "NA" refers to countries or regions where USG did not support T&C programs.

Treatment: Direct FY2010 Antiretroviral Treatment Results¹

Countries	Number of individuals
Angola ²	NA
Botswana	12,200
Cambodia	7,300
China	5,500
Côte d'Ivoire	61,200
Democratic Republic of the Congo	1,300
Dominican Republic	5,500
Ethiopia	207,900
Ghana ²	NA
Guyana	3,000
Haiti	27,900
India	2,900
Indonesia ²	NA
Kenya	410,300
Lesotho	45,700
Malawi ²	NA
Mozambique	138,800
Namibia	80,300
Nigeria	334,700
Russia	14,700
Rwanda	53,800
South Africa	917,700
Sudan ²	NA
Swaziland	38,700
Tanzania	255,500
Thailand ²	NA
Uganda	207.900
Ukraine ²	NA
Vietnam	31,000
Zambia	286,000
Zimbabwe	59,900
Regions	
Caribbean Regional ²	NA
Central America ²	NA
Central Asia ²	NA
Total	3,209,700
Notes:	

Numbers may be adjusted as attribution criteria and reporting systems are refined. All numbers greater than 100 have been rounded off to the nearest 100.

- ¹ The number of individuals is as of September 30, 2010.
- ² "NA" refers to countries where USG did not directly support treatment programs.

Treatment: Direct FY2010 Number of Women and Children Receiving Antiretroviral Treatment¹

	Women (all ages) ²	Children (ages 0-14)
Total	2,040,648 (64%)1	257,694 (8%) ¹

Numbers may be adjusted as attribution criteria and reporting systems are refined. All numbers greater than 100 have been rounded off to the nearest 100.

- The percentages represent the share of all individuals receiving treatment who were women and children (<15 years), respectively.
- Of this total number of women (all ages), 130,648 were female children (0-14).

Care: Direct FY2010 Orphans and Vulnerable Children Results Number of orphans and Countries vulnerable children¹ Angola² NA Botswana 36,700 Cambodia 18,600 China 100 Côte d'Ivoire 126,600 Democratic Republic of the Congo 1,800 Dominican Republic 6,000 Ethiopia 474,200 3,400 Ghana 1,600 Guvana Haiti 67,800 India 19,700 Indonesia 600 673,000 Kenya Lesotho 9,500 Malawi 76,700 237,200 Mozambique Namibia 75,500 Nigeria 255,100 Russia 1,400 67,800 Rwanda South Africa 386,400 Sudan 2,000 Swaziland³ no results for disaggregates Tanzania 330,100 Thailand 600 Uganda 384,200 no results for disaggregates Ukraine³ Vietnam 17,300 Zambia 376,200 Zimbabwe 102,100

Numbers may be adjusted as attribution criteria and reporting systems are refined. All numbers greater than 100 have been rounded off to the nearest 100

- This is a revised indicator for FY2010. The number of orphans and vulnerable children (OVC) includes all individuals <18 years reported as a subset of the total number of individuals provided with a minimum of one care service. Prior to FY 2010, the number of OVCs served were counted in a separate indicator. For further information, refer to Indicator C1.1.D in the PEPFAR Next Generation Indicator Guidance on http://www.pepfar.gov/guidance/index.htm.
- ² "NA" refers to countries where USG did not support OVC programs.

Regions

Total

Caribbean Regional³

Central America²

Central Asia³

³ Some countries or regions were not able to disaggregate total care results by age but are in transition to improve data collections systems that will report age and sex disaggregates.

Care: Direct FY2010 Care and Support Results		
Countries	Number of individuals ¹	
Angola ²	NA	
Botswana	66,300	
Cambodia	41,100	
China	12,900	
Côte d'Ivoire	251,800	
Democratic Republic of the Congo	23,400	
Dominican Republic	24,600	
Ethiopia	1,079,400	
Ghana	47,000	
Guyana	7,200	
Haiti	124,200	
India	76,900	
Indonesia	5,400	
Kenya	1,384,400	
Lesotho	47,400	
Malawi	157,400	
Mozambique	584,900	
Namibia	260,500	
Nigeria	1,195,900	
Russia	67,900	
Rwanda	183,700	
South Africa	2,160,300	
Sudan	11,700	
Swaziland	120,600	
Tanzania	935,500	
Thailand	14,100	
Uganda	845,300	
Ukraine	13,900	
Vietnam	100,200	
Zambia	976,000	
Zimbabwe	541,300	
Regions		
Caribbean Regional	300	
Central America ²	NA	
Central Asia	600	
Total	11,362,100	

no results for disaggregates

NA

no results for disaggregates

3,752,200

Numbers may be adjusted as attribution criteria and reporting systems are refined. All numbers greater than 100 have been rounded off to the nearest 100.

- This is a new indicator for FY2010. This is the total care indicator which includes adults and children (including orphans and vulnerable children (OVC)) provided with a minimum of one care service in the past 12 months. PEPFAR care programs include support, preventative, and clinical services. For further information, refer to Indicator C1.1.D in the PEPFAR Next Generation Indicator Guidance on http://www.pepfar.gov/guidance/index.htm.
- "NA" refers to countries or regions where USG did not support care programs.

Treatment: People Receiving Treatment with U.S. Government Bilateral and Multilateral Support as of September 2010

DIRECT PEPFAR GLOBAL RESULTS = 3.21 Million

THOSE RECEIVING SUPPORT FROM ALL U.S. BILATERAL PROGRAMS - 100% FUNDED BY PEPFAR

PEPFAR and GLOBAL FUND Joint Support = 1.54 Million

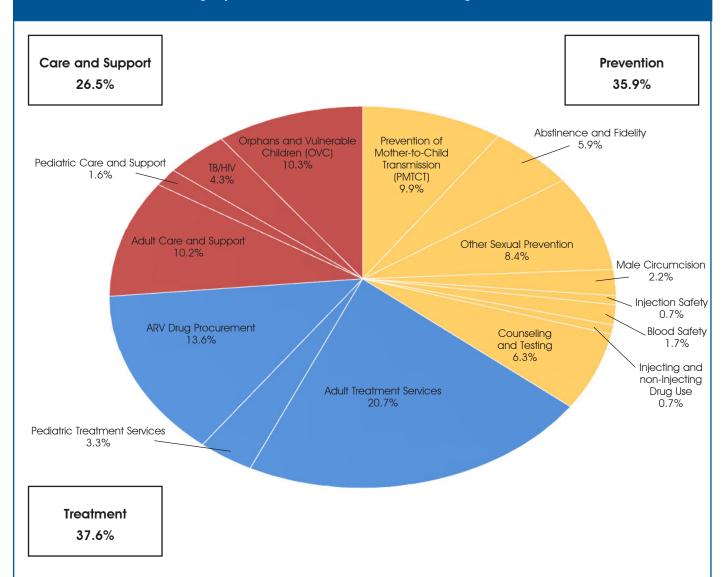
THOSE RECEIVING SUPPORT FROM THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA -APPROXIMATELY 28% FUNDED BY PEPFAR

GLOBAL FUND GLOBAL RESULTS = 3.0 Million

Combined Total =4.67 Million

Notes: PEPFAR treatment numbers are results achieved through activities directly supported by the U.S. Government (USG). Global Fund results are as reported by the Global Fund. The overlap estimate is based on a country-by-country review of PEPFAR results with the Global Fund and the World Health Organization. Results are rounded off to the nearest hundred.

The U.S. President's Emergency Plan for AIDS Relief FY2010 Planned Funding for Prevention, Treatment and Care



Notes: This table reflects funding notified for all FY 2010 PEPFAR Country and Regional Operational Plans (COPs) for selected prevention, treatment and care program areas as of February 2011 (FY 2010 5th PEPFAR Congressional Notification). All funding amounts are subject to change based on updates to operational plans and approval by the Global AIDS Coordinator. Funding does not include attributions of central dollars from the following categories: central procurements, supply chain, technical leadership and support, New Partners Initiative. This chart also does not include field dollars from the following categories: laboratory infrastructure, strategic information, management and operations, and health systems strengthening activities. As in FY 2009, the ARV drugs category includes \$60 million which was designated for treatment programs in South Africa in FY 2010 outside of the COP programming and planning system. The addition of these emergency funds for South Africa has caused other prevention and treatment percentages to decrease. For sexual prevention activities, like all other activities, the data are based upon the budget code definitions and guidance set forth in the FY 2010 COP Guidance: Programmatic Considerations (June 2009), available at http://www.pepfar.gov/guidance/cop/index.htm.